1381801

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

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	DA	ITÉ RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	, , , , , , , , , , , , , , , , , , , ,				
Juicr, LLC Membership Interest					
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE				
Type of Filing:	_				
A. BASIC IDENTIFICATION DATA					
1. Enter the information requested about the issuer					
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)					
Juicr, LLC					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
55 New Montgomery Street, Suite 401, San Francisco, CA 94105	(415) 793-3791				
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)					
Brief Description of Business					
Internet Social Network					
	PROCESSED				
Type of Business Organization	MACCOSED				
	lease specify):				
business trust limited partnership, to be formed Limited liability	ity company APR 1 8 2007				
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: One of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for States CN for Canada; FN for other foreign jurisdiction)					

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ✓ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Roloff, Stephen Business or Residence Address (Number and Street, City, State, Zip Code) 2000 Broadway St., Apt. 309, San Francisco, CA 94115 Check Box(es) that Apply: Promoter ☐ Beneficial Owner **Z** Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Khasu, Dwalu Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 4153, Oakland, CA 94614 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Radiant Media Ventures, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 55 New Montgomery Street, Suite 401, San Francisco, CA 94105 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Beneficial Owner General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer General and/or Check Box(es) that Apply: Promoter ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. 11	NFORMAT	ON ABOU	T OFFERI	NG				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No X			
••	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	2. What is the minimum investment that will be accepted from any individual?										\$_10,000.00		
3	3. Does the offering permit joint ownership of a single unit?										Yes	No ⊠	
4.										U_3			
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Ful N/		Last name	first, if ind	ividual)									
	-	Residence	Address (N	lumber and	i Street, Ci	ty, State, Z	ip Code)						
		1. 15	L D	1 .				<u> </u>					
Nar	ne of Ass	sociated Bi	roker or De	aicr									
Sta			Listed Has							•			
	(Check	"All State:	s" or check	individual	States)			***************************************				☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI) OH)	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful N/	•	Last name	first, if ind	iviđual)									
		Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of Ass	sociated B	roker or De	aler									
Stat	es in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All State:	s" or check	individual	States)			**************	***********	***************	***************************************	All States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Ful N/A	Name (Last name	first, if ind	ividual)			<u>-</u>						
	iness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
				•									
Nar	ne of Ass	sociated B	roker or De	aler									
Sta			Listed Ha								•		
	(Check "All States" or check individual States)									l States			
	AL	AK	AZ	AR	CA	[CO]	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
2. En of the put of the second	Debt	\$	\$
	Equity	<u> </u>	\$
	Common Preferred		
	Convertible Securities (including warrants)	s	s
	Partnership Interests	<u> </u>	\$
	Other (Specify Membership Interests	300,000.00	\$_300,000.00
	Total	300,000.00	\$ 300,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 300,000.00
2.	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	Z	\$_40,000.00
	Accounting Fees		\$
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		s
	Total		s 40,000.00

	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This diff	erence is the "adjusted gross		260,000.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not knov the payments listed m	n, furnish an estimate and ust equal the adjusted gross		
-				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			\$ 60,000.00	\$ 80,000.00
	Purchase of real estate		***************************************	□ \$	s
	Purchase, rental or leasing and installation of macl	hinery		□ ¢	
	Construction or leasing of plant buildings and faci				—
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ue of securities involvits or securities of ano	red in this ther		
	Repayment of indebtedness			\$ 15,000.00	_ \$
	Working capital			\$ 145,000.00	\$
	Other (specify):			s	s
				<u> </u>	s
	Column Totals			\$ 220,000.00	\$ 80,000.00
	Total Payments Listed (column totals added)	••••			00.000,00
		D. FEDERAL SIG	NATURE		-
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnished by the issuer to any non-accr	rish to the U.\$ Securi	ities and Exchange Commi	ssion, upon writte	
	er (Print or Type)	Signature		Date April <u>9</u> , 2007	
	cr, LLC			Αμτιι <u>7</u> , 2007	
	ne of Signer (Print or Type)	Title of Signer (Prin	t or Type)		
Ste	ohen Roloff	Manager			

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Ĺ		E. STATE SIGNATUR	E		
1.	Is any party described in 17 CFR 23 provisions of such rule?	Yes	No ⊠		
		See Appendix, Column 5, for stat	e response.		
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times a	takes to furnish to any state administrate is required by state law.	or of any state in which this notice	e is filed a no	tice on Form
3.	The undersigned issuer hereby under issuer to offerees.	rtakes to furnish to the state administra	ators, upon written request, info	rmation furn	ished by the
4.	limited Offering Exemption (ULOE)	nat the issuer is familiar with the condi of the state in which this notice is filed establishing that these conditions have	d and understands that the issuer		
	ner has read this notification and knows thorized person.	the contents to be true and has duly caus	sed this notice to be signed on its b	ochalf by the	undersigned
Issuer (Print or Type)	Signature	Date		
Juicr, Ll	rc		April <u>9</u> , 200)7	
Name (I	Print or Type)	Title (Print or Type)	1		
Stephe	n Roloff	Manager			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 4 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State waiver granted) investors in State offered in state (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors Investors No Yes No Amount Amount Yes State AL ΑK AZAR Membership Interests;\$300,000 $\mathbf{C}\mathbf{A}$ \$300,000.00 \$0.00 × CO CT DE DC FL GA Н ID IL IN IΑ KS KY LA ME MD MA ΜI MN MS

2 3 4 l Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State investors in State offered in state waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited Investors Investors No State Yes No Amount Amount Yes МО MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA wv WI

APPENDIX

	APPENDIX										
1		2	3		4						
	Intend to sell and aggrega to non-accredited investors in State (Part B-Item 1) Type of secur and aggrega offering price offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No		
WY											
PR		N-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-									



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